## 1 FD CAN 553

FILE

## **NEVADA FINANCIAL DISCLOSURE STATEMENT**

(Attach additional sheets if necessary.)

JAN - 5 2004

DEAN HELLER SECRETARY OF STATE

List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortga or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a movehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:				SEC	METART OF	SIALE	
MAILING ADDRESS (P. Berk 942  TELEPHONE 775 - 623 - 3389  List all public offices for which this financial disclosure statement is required [NRS 281.571(1)(a)**  List all public offices for which this financial disclosure statement is required [NRS 281.571, Subsection 1(g)]:  ANNUAL  CANDIDATE  APPOINTME  (Filters or Compensation Date Appointed Section 1)  Annual  Composition Date Appointed Section 10 (a)  Compensation Date Appointed Section 10 (b)  Compensation Date Appointed Section 10 (b)  Annual  Composition Date Appointed Section 10 (b)  Compensation Date Appointed Section 10 (b)  Annual  Composition Date Appointed Section 10 (b)  Compensation Date Appointed Section 10		LENC	STH OF RESIDEN	NCE IN NEVADA	43 year	RS	
Ist all public offices for which this financial disclosure statement is required (NRS 281.571. Subsection 1(g)):  ANNUAL all elected and properly after than Jan. 15 to qualify as a candidate).  Annual Term or Compensation Date Appointed public appointed public offices.  Annual Term or Compensation Date Appointed Public offices.  Annual Term or Date Appointed public appointed public offices.  Annual Term or Date Appointed public offices.  Compensation Date Appointed public offices.  Appointed public offices.  Appointed public offices.  Appointed public offices.  Compensation Date Appointed public dispersation offices.  Appointed public offices.  Compensation Date Appointed public offices.  Appointed public offices.  Compensation Date Appointed public offices.  Compensation Date Appointed public offices.  Appointed public offices.  Compensation Date Appointed public offices.  Compensation Date Appointed public offices.  Compensation Date Appointed public offices.  Appointed public offices.  Compensation Date Appointed public offices.  Compensation Date Appointed public	MAILING ADDRESS P.O. BOX 842 CITY STATE ZIP LINUIS MISCON AND SE	LENC	6TH <u>of</u> Residen	NCE IN DISTRICT	WHERE REGI	STERED	TO
Annual Term or Date Appointed public office  Public	ELEPHONE 775-623-3389		- 20 7 - 20 1		)(a) '		
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Annual Term or Date Appointed public Office  Public Office  Compensation  STR, 215  Tem, 200  STR, 215  ST	ist all public offices for which this financial disc	lacura etatament ic.	roquirod INDC o	04 574 .0	- 47-33		
List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]  Self Mem  Mode L T Cas. No  List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortga or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a movehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:		( <u></u>		ANNUAL all elected and appointed public officers (no later than Jan. 15 each year)	CANDIDATE (no later than the 10th day after the last day to qualify as a candidate)	to fill unexpi of an elec appointed office (within 30	ired tern cted or I public er I days)
List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortga or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a movehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:	Public Office			251.559(1)(b)			
List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)]  House Mem  Model T Casino  List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortga or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a movehicle for personal use was retained by seller [NRS 281.571, Subsection 1(d)]:  LIST Bank  Self House Mem  We	UMBOLDT COUNTY SHERIFF				П	Г.	1
List all general sources of income for you and members of your household over 18 years of age [NRS 281.571, Subsection 1(b)   House Mem	O.S.T. Commission	s 40-	July 2002				1
House Mem  Mode L T Cas, No  List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortga or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a movehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:  US Bank  We here  House Mem  List each creditor to whom you or a member of your household owes \$5,000 or more [except (1) debt secured by mortga or deed of trust on real property which is not required to be listed below, and (2) debt for which a security interest in a movehicle for personal use was retained by seller] [NRS 281.571, Subsection 1(d)]:	,	¢	-			 	<i>)</i> ገ
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US Bank	4 0 1					->@II	ouseh Memb
	US Bank	· · · · · · · · · · · · · · · · · · ·	<del></del>	2			
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List each business entity (i.e., organizate firm, business, trust joint venture, synd involved as a trustee, beneficiary of a trustee a class of stock or security representing [NRS 281.571, Subsection 1(f)]:	icate, corporation or associatior rust, director, officer, owner in wh	n) with which you or a memb nole or in part, limited or gene	er of your household is eral partner, or holder of
<b>\</b> "		•	Self Household Member
NONE			IMENIOEI
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List specific location and particular use your household has a legal or beneficia state or an adjacent state [NRS 281.571, Specific Local None 1997]	ıl interest; (2) the fair market valı Subsection 1(c)]:	ersonal residence): (1) in whi ue of which is \$2,500 or more Particular	e; and (3) located in this
List the identity of donor and value of eduring the preceding taxable year [exceonsanguinity or affinity; and (2) cerem occasion if the donor does not have a s [NRS 281.571, Subsection 1(e)]:	ept (1) a gift received from a pe onial gifts received for a birthda	rson who is related to you wi	ithin the third degree of
NONE	· · · · · · · · · · · · · · · · · · ·		\$
			\$
:			\$
THE INFORMATION I HAVE PROVIDE	ED HEREIN IS ACCURATE AND  Signature:	COMPLETE.	7